


<p>Attach a current, passport quality photograph, approximately 1½" x 2¼" in size.</p>	FOR BOARD USE ONLY	STATE OF TENNESSEE
	<hr/> DATE RECEIVED <hr/>	
	<hr/> FILE NUMBER <hr/>	BOARD OF EXAMINERS FOR LAND SURVEYORS 500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1146 615-741-3611
	<hr/> TRANSACTION NUMBER <hr/>	HTTP://WWW.TN.GOV/REGBOARDS/SURVEYORS/

APPLICATION FOR LICENSURE AS A PROFESSIONAL LAND SURVEYOR

Important: All information **must be typewritten or legibly printed** and all questions must be answered. ***This application, along with a \$200.00 application fee made payable to the State of Tennessee, all reference and experience verification forms, transcripts, and verifications of the fundamentals of land surveying exam and/or other licensure in another jurisdiction must be received in the board office before the application can be reviewed. PLEASE ALLOW 5-7 BUSINESS DAYS TO ENSURE ADEQUATE DELIVERY TIME OF THIS APPLICATION BEFORE THE DEADLINE DATE.***

How are you applying?
(Reference TCA 62-18-109)

(i) _____
(BS in Surveying)

(ii) _____
(BS+24 Hours)

(iii) _____
(BS+36 Hours)

(iv) _____
(AS+Exp)

(v) _____
(HS+Exp)

1. Full Legal Name _____ Mr. _____ Ms. _____
2. Addresses [furnish both address and indicate preferred mailing address with an "X" in the appropriate box. ***You are required to keep the Board informed your current address per TCA 62-18-114(b).***

() Residence: _____ () _____
Telephone Number _____

() Employer: _____ () _____
Telephone Number _____

Employer Address: _____

E-Mail Address: _____
3. Date of Birth ____ / ____ / ____
4. Social Security No. _____
4. Indicate Tennessee or other jurisdictions where you passed the FS, PS and other exams:

FS: State _____ Date _____ LSIT No. _____

PS: State _____ Date _____

Other: State _____ Date _____ PLS No. _____
5. State of first PLS Licensure _____ Date _____ Current to _____
6. Other states in which you are licensed _____

(Affirmative answers to questions 7-14 must be explained under Question 16)

7. Have you previously filed a PLSIT or PLS application with this Board? ☐ Yes ☐ No
8. Have you ever been denied licensure in any State or Territory? ☐ Yes ☐ No
9. Have you ever been disciplined by another State licensing authority? ☐ Yes ☐ No
10. Have you ever been convicted of a felony? ☐ Yes ☐ No
12. Will you require special assistance or accommodations to take the exam(s) due to a disability? ☐ Yes ☐ No
13. Can you speak and write the English language? ☐ Yes ☐ No

EDUCATION RECORD – List high school and all colleges and universities in the order you attended. A copy of high school diploma or GED certificate must be submitted with your application unless you are a college graduate. College graduates must submit CERTIFIED transcripts with your application. You must highlight or list on separate sheet attached to the transcript all surveying related courses you are claiming for credit under the provisions of TCA 62-18-109b(2)(E) (i), (ii), (iii), and (iv).

NAME AND ADDRESS OF INSTITUTION	NUMBER OF YEARS ATTENDED	ENTRANCE DATE	DATE OF GRADUATION	DEGREE OBTAINED

EXPERIENCE BACKGROUND

List each period of employment in chronological order and use a position block for each employer or for each time that you had a significant change in duties and responsibilities. The last block is the summary of your complete surveying experience history. **ONE LINE IS NOT SUFFICIENT.** Experience acceptable for licensure as a land surveyor must be progressive and diverse and include, as a minimum, the following aspects of land surveying: **Field experience** should include field measurements with a variety of instruments, discovering and interpreting boundary evidence, staking line and grade and field procedures for topographic mapping. **Office experience** should include traverse closure and adjustment, survey accuracy and quality control of field data, state plane coordinate computation and translations, boundary evidence analysis and resolution with record title, drafting plats and writing descriptions of surveys and knowledge and understanding of the subdivision process. **Research experience** should include familiarity with the county record filing process, including deed research in county registers' offices and tax assessors' offices, along with plans and records held by state and county highway departments and utility departments. The applicant, during his work history, is expected to have acquired experience in the overall management of surveying projects, to include, a high degree of integrity in the practice of surveying, understanding and following a code of ethics, interpersonal communication skills, project planning and scheduling, and safeguarding the health, safety and welfare of the public in daily work activities. **EXPERIENCE CANNOT BE ANTICIPATED. YOU MUST HAVE THE REQUIRED EXPERIENCE WHEN YOUR APPLICATION IS SUBMITTED.**

POSITION NUMBER _____ TITLE OF POSITION _____
EMPLOYED FROM: _____ TO _____ AVERAGE # OF HRS. WORKED PER WEEK _____
MO/YR MO/YR
EMPLOYER NAME _____ TYPE OF BUSINESS _____
EMPLOYER ADDRESS _____
STREET CITY/STATE ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____ LICENSE # _____
EMPLOYER TELEPHONE NUMBER () _____

DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW

TOTAL NUMBER OF MONTHS

TYPE EXPERIENCE: Office _____% Field _____% Research _____%

POSITION NUMBER _____		TITLE OF POSITION _____	
EMPLOYED FROM: _____ TO _____		AVERAGE # OF HRS. WORKED PER WEEK _____	
MO/YR MO/YR			
EMPLOYER NAME _____		TYPE OF BUSINESS _____	
EMPLOYER ADDRESS _____			
STREET		CITY/STATE	ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____		LICENSE # _____	
EMPLOYER TELEPHONE NUMBER () _____			
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW			
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%	

POSITION NUMBER _____		TITLE OF POSITION _____	
EMPLOYED FROM: _____ TO _____		AVERAGE # OF HRS. WORKED PER WEEK _____	
MO/YR MO/YR			
EMPLOYER NAME _____		TYPE OF BUSINESS _____	
EMPLOYER ADDRESS _____			
STREET		CITY/STATE	ZIP
NAME OF YOUR IMMEDIATE SUPERVISOR _____		LICENSE # _____	
EMPLOYER TELEPHONE NUMBER () _____			
DESCRIBE YOUR MAJOR DUTIES/RESPONSIBILITIES BELOW			
TOTAL NUMBER OF MONTHS		TYPE EXPERIENCE: Office _____% Field _____% Research _____%	

This sheet may be deleted or repeated as necessary to account for all positions held in chronological order.

SUMMARY OF LAND SURVEYING EXPERIENCE – Please summarize your experience in the table below and show the grand total of the months you are claiming in the box at the bottom. Indicate the diversity of experience by estimating the percentage of time spent in the three categories listed at the bottom of the form. You may duplicate this section and expand if the number of lines are not sufficient.

POSITION NUMBER	EMPLOYMENT DATES FROM - TO	SUPERVISOR	FIELD %	OFFICE %	RESEARCH %	MONTHS OF SURVEYING EXPERIENCE
TOTAL SURVEYING EXPERIENCE AND AVERAGE PERCENTAGE OF DIVERSITY						

VERIFICATION OF EXPERIENCE – Your experience must be verified using the Experience Verification Form. It is to be completed by you and the Land Surveyor in Responsible Charge of your work, and forwarded to the Board office separately.

15. References – You must submit five (5) character references to the board, at least three (3) of whom are professional land surveyors or individuals acceptable to the board and who have personal knowledge of your surveying experience. All **licensed surveyors** verifying your experience are considered a reference and must be listed below. An Experience Verification Form must be sent to those listed as verifiers of your experience and a Reference Form must be sent to those that are not verifying your experience. Check the names as to whether they are providing experience verification or a reference and list the state and license number of the person listed.

NAME	VERIFIER	REFERENCE	STATE OF PLS LICENSURE AND LICENSE NUMBER

NOTE TO APPLICANT:It is your responsibility to see that the experience verification forms and the reference forms are returned **DIRECTLY** to the board office. This application will not be considered until all transcripts, Experience Verification Forms, Reference Forms and verification of any exams are returned. This office will not be responsible for the delay of any information pertaining to your application caused by the mail service or by your references. Providing a stamped board addressed envelope to your references and verifiers will expedite this process.

16. Explanation of affirmative answers for questions 7-12 on pages 1. (Attach sheets if necessary).

Response for Question 7.

Previously filed application was:

Denied on _____ Deferred on _____ Closed on _____
Licensed as _____ License # _____ Date Expired _____

Response for Question 8.

Denied licensure in the State of _____ when _____
Basis for denial _____

Response for Question 9.

Have you ever surrendered your PLS license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state? Explain: _____

Response to Question 12.

Have you ever been convicted of a felony? Explain: _____

I hereby make application for a certificate of registration and licensure as a land surveyor in accordance with TCA 62-18-109 authorizing me to practice land surveying as defined in TCA 62-18-102 and I certify that I have read the law and rules of the Tennessee State Board of Examiners for Land Surveyors and I hereby agree that, if granted a license by the Board, I will abide by and uphold the Rules of Professional Conduct and Standards of Practice for Land Surveyors, which have been adopted by the Board and further understand that any violation thereof may be deemed sufficient cause for revocation of said license.

Signature of Applicant

Subscribed and sworn to before me, on this _____ day of _____, 20 _____.

Notary Public

(SEAL)

My commission expires _____, 20 _____.